
After ICU, Alcoholics Likely Return



After leaving the intensive care unit of a hospital, many patients wind up back in the hospital—especially patients with alcohol use disorders and mental health conditions.

A recent study looked at a group of patients that had been in the intensive care unit of a hospital for alcohol withdrawal symptoms.

The researchers found that there was a high risk of readmission within one year of discharge for these patients. Readmission rates were highest among those who also had a psychiatric condition.

Brendan J. Clark, MD, from the Division of Pulmonary Sciences and Critical Care Medicine at the University of Colorado Denver in Aurora, Colorado, led a team of doctors to investigate the health risks of alcohol withdrawal while in the intensive care unit (ICU) of a hospital.

When a patient's health is in a life-threatening state due to injury, illness or surgical complications, they must be monitored closely by trained medical staff in the hospital's ICU.

According to the authors, excessive alcohol consumption plays a role in how many people end up in the ICU.

"Alcohol withdrawal syndrome is the most common alcohol-related illness that prompts ICU admission and can be associated with prolonged hospital and ICU lengths of stay," said the authors.

Heavy drinkers may experience severe alcohol withdrawal symptoms such as: body tremors, chest pain, fever, sweating, nausea, irregular heartbeat, muscle tremors and even seizures.

The authors said that mood disorders, anxiety disorders and schizophrenia were commonly found in patients with alcohol use disorders that had been in the ICU. Alcohol use disorder may coexist along with a psychiatric condition in some people.

The potential for poor health after ICU discharge, followed by readmission back into the hospital, can be high in these types of coexisting cases.

For the study, the researchers looked at 1,178 patients who had been discharged from a hospital's ICU and were diagnosed with alcohol use disorder while in the ICU.

Within one year of ICU discharge, 40 percent of patients had been readmitted to the hospital and 4 percent had died. The patients averaged 47 years of age.

The average time it took for patients to return to the hospital or die was 67 days after discharge, but 35 percent returned or died within 30 days of discharge.

The researchers found that patients who were rehospitalized or died were more likely to be homeless (32 percent) and to have anxiety, depression, bipolar disorder or schizophrenia.

Only 35 percent of patients with no diagnosed psychiatric disorders were readmitted or died, compared to 66 percent of patients with one psychiatric disorder and 78 percent of patients with two or more psychiatric disorders.

The rate of death or rehospitalization for people with mental health conditions were as follows:

- 82 percent for people with schizophrenia, compared to 42 percent of patients without schizophrenia.
- 65 percent for people with bipolar disorder, compared to 42 percent of patients without bipolar disorder.
- 81 percent for people with an anxiety disorder, compared to 43 percent for patients without an anxiety disorder.
- 70 percent for people with depression, compared to 43 percent for patients without depression.

A total of 23 percent of patients were readmitted for the primary reason of psychiatric illness and 20 percent for alcohol-related reasons.

Readmissions were considered “severe” in 44 percent of patients and “extreme” in 37 percent of patients.

Even though 656 of the patients were neither readmitted nor dead within one year of discharge, 38 percent did visit an emergency department or urgent care unit.

The researchers found that patients who visited the emergency department or urgent care were twice as frequently patients with bipolar disorder.

The researchers said that the rehospitalization rate found in this group was similar to other common ICU diseases like congestive heart failure and asthma.

The authors concluded that ICU patients that were treated for alcohol withdrawal had a high likelihood for being rehospitalized, especially if they also had a psychiatric condition.

The researchers suggested hospitals develop intervention strategies or long-term follow-up options for more cost-effective ways to manage patients with alcohol use disorders to reduce costly readmission rates.

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